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ABSTRACT

This final report describes activities of the Early Integration Training Project (EITP), which provided multidisciplinary inservice training to child-care personnel in Ohio to facilitate the inclusion of young children (birth through age 5) with disabilities in typical community early childhood programs. The 3-year project has provided a 15-hour training program to 1,046 individuals from 35 Ohio counties. The training approach was developed to be suitable for mixed audiences, to promote the development of relationships among providers, and to utilize collaborative interagency features. The resulting training program consists of four modules entitled: (1) "What is Integration?" (2) "Who Are the Children?" (3) "Who Are the Adults?" and (4) "Problem Solving and Preparation for Integration." Participant evaluation was found to be uniformly high, and follow-up evaluation found significant changes in participant awareness of the issues and changes in practice. A total of 102 children were reported to be integrated as a direct result of the training program. This report includes sections on: the project's goals and objectives, the theoretical and conceptual framework of the project, description of the model and participants, methodological and logistical problems and solutions, evaluation approach, project impact, and sources of further information. (DB)

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The Early Integration Training Project

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FINAL REPORT

Early Education Program for Children with Disabilities
U. S. Department of Education
Project Number: H024P90004
CFDA: 84.024P

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March 31, 1993

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ABSTRACT

The Early Integration Training Project (EITP)

A Project of the Early Education Program for Children with Disabilities

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Mary T. Anketell, M.A., Training Coordinator
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The Early Integration Training Project was funded to provide multidisciplinary inservice training to child-care personnel throughout the state of Ohio in order to facilitate the inclusion of young children with disabilities, birth through age 5, in typical community early childhood programs. The project proposed to link child-care providers and administrators with special education and early intervention personnel and parents through the vehicle of inservice training. Since the spring of 1990, 1,046 individuals from 35 Ohio counties (40% of Ohio's counties) have completed the 15 hour training series. The project training was delivered by project staff and a network of eight regional consultants distributed geographically around the state of Ohio. Project staff and consultants cooperated with a variety of entities at the county level (e.g., local interagency councils, AEYC chapters, Head Start Programs, Community Colleges, County Offices of Health, Education, Human Services, and MR/DD, etc.) to identify and recruit participants, secure training sites, and identify cotrainers.

The major goals of the EITP project focused on:

- Increasing the availability of high-quality, accessible integrated options for young children with disabilities and their families;
- The design and implementation of a training approach which was suitable for mixed audiences including parents, child-care staff, early childhood special educators, related service staff and health professionals;
- The use of inservice training as a vehicle to promote the development of relationships among a variety of providers at the local level;
- The use of a collaborative, interagency approach in the design and implementation of the project resulting in broad support for the training model from various constituencies.

The Early Integration Training Project developed and implemented a training approach which consisted of four training modules entitled: 1) What is Integration? 2) Who are the Children? 3) Who are the Adults? and 4) Problem Solving and Preparation for Integration. The interactive approach capitalizes on the presence of mixed audiences to facilitate perspective sharing as the issues around inclusive approaches to early education are explored. Activity-Based experiences are alternated with appropriate

content to maximize participant benefit. The fifteen hour series was offered for various forms of continuing education credit as well as for undergraduate and graduate university credit from eight cooperating Institutions of Higher Education in Ohio.

Initial participant satisfaction was found to be uniformly high across training sites and trainers. Follow-up evaluation of the impact of the training found significant changes in participant awareness of the issues surrounding early integration and significant changes in practice attributed to the training experience. In a follow-up postcard survey, participating program administrators reported a total of 102 newly integrated children directly resulting from participation in the training series. The project has also been successful in leaving a network of over twenty qualified trainers throughout Ohio who are situated in various agencies and are able and willing to carry on the training approach in response to local requests.

The project also produced several writtten and audio-visual materials which are available through the National Clearinghouse on Rehabilitation Training Materials (NCHRTM) and ERIC. Written materials include: *Go ask Alice: A guide for parents on State and local interagency councils*, the project's *Trainer's Manual*, and *Quilting Integration.: A technical assistance guide on integrated early childhood programs.* Videotapes include: *ICC parents share their stories*, *Together we're better*, and *Changing the way we think about change: New ways of delivering services to families and children.*.

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TABLE OF CONTENTS

I. Goals and Objectives 1

II. Theoretical and Conceptual Framework for the Project 4

III. Description of the Model and Participants 7

IV. Methodological and Logistical Problems and Solutions 11

V. Evaluation Approach 13

VI. Project Impact 15

VII. Further Information 44

I. GOALS AND OBJECTIVES

The Early Integration Training Project was funded to provide multidisciplinary inservice training to child-care personnel throughout the state of Ohio in order to facilitate the inclusion of young children with disabilities, birth through age 5, in typical community early childhood programs. The project proposed to link child-care providers and administrators with special education and early intervention personnel and parents through the vehicle of inservice training. Since the spring of 1990, 1,046 individuals from 35 Ohio counties (40% of Ohio's counties) have completed the 15 hour training series. The project training was delivered by project staff and a network of eight regional consultants distributed geographically around the state of Ohio. Project staff and consultants cooperated with a variety of entities at the county level (e.g., local interagency councils, AEYC chapters, Head Start Programs, Community Colleges, County Offices of Health, Education, Human Services, and MR/DD, etc.) to identify and recruit participants, secure training sites, and identify co-trainers.

The major goals of the EITP project focused on:

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- The design and implementation of a training approach which was suitable for mixed audiences including parents, child-care staff, early childhood special educators, related service staff and health professionals;
- The use of inservice training as a vehicle to promote the development of relationships among a variety of providers at the local level;
- The use of a collaborative, interagency approach in the design and implementation of the project resulting in broad support for the training model from various constituencies.

The goals and objectives of the project as originally proposed are provided below. A discussion of how the project goals evolved over the course of project implementation is described in Section Four.

Goals and Objectives of the Early Integration Training Project (From the original proposal submitted March, 1989).

GOAL I: IDENTIFY TRAINEES

I.A. Identify Child Care Trainees

I.B. Identify Support Service Staff Trainees

I.C. Identify Administrative Trainees

GOAL II: PREPARE PARTICIPANTS FOR TRAINING

II.A. Develop Training Schedule

II.B. Plan Logistics of Training

II.C. Prepare Workshop Materials

GOAL III: CONDUCT TRAINING

III.A. Conduct Training for Child-Care Staff

III.B. Conduct Training for Support Service Staff

III.C. Conduct Training for Administrative Staff

GOAL IV: PROVIDE TECHNICAL ASSISTANCE

IV.A. Identify Appropriate Placements in Conjunction with county early childhood interagency coordinating council

IV.B. Provide Child-Based Technical Assistance

IV.C. Provide Ongoing Technical Assistance

GOAL V: IDENTIFY PARTICIPANTS FOR PYRAMIDAL TRAINING

V.A. Identify Counties

V.B. Identify Trainers

V.C. Identify Child Care Trainees

V.D. Identify Support Staff Trainees

V.E. Identify Administrative Trainees

GOAL VI: PREPARE PARTICIPANTS FOR PYRAMIDAL TRAINING

VI.A. Develop Training Schedule

VI.B. Plan Logistics of Training

VI.C. Prepare Workshop Materials

GOAL VII: CONDUCT PYRAMIDAL TRAINING

VII.A. Conduct Project Trainer's Orientation

VII.B. Conduct Child Care Training in Conjunction with Project Trainers

VII.C. Conduct Training for Support Service Staff in Conjunction with Project Trainers

VII.D. Conduct Training for Administrative Staff in Conjunction with Project Trainers

GOAL VIII: PROVIDE TECHNICAL ASSISTANCE TO TRAINERS

VIII.A. Evaluate Trainers' Training Efforts

VIII B. Provide Technical Assistance to Meet Identified Training Needs

GOAL IX: FACILITATE ADDITIONAL TRAINING ACTIVITIES IN CONJUNCTION WITH TRAINERS

IX.A. Facilitate Logistical Planning of Training Activities

IX.B. Facilitate Conduct of Training Activities

GOAL X: DISSEMINATION OF PROJECT APPROACH AND RESULTS

X.A. Disseminate Project Information through National Networks

X.B. Disseminate Project Information through Presentation at International Division of Early Childhood Conference

GOAL XI: EVALUATION

XI.A. Conduct Input Evaluation

XI.B. Conduct Process Evaluation

XI.C. Conduct Output Evaluation

II. THEORETICAL AND CONCEPTUAL FRAMEWORK FOR THE PROJECT

The training approach of the Early Integration Training Project was based upon several key, research-based assumptions:

(1) **Family-Centered Training Content:** The issues surrounding the inclusion of young children with disabilities must be considered in the context of a family-centered approach. (Strain, 1989; Dunst, 1985; Dunst & Trivette, 1988; Hobbs, et al, 1984);

(2) **Integration Training Content:** A program appropriately individualized for all young children can, with necessary supports, be successfully adapted to accommodate young children with disabilities (Wolery, Strain, & Bailey, 1992);

(3) **Mixed Training Groups:** The consideration of a diversity of perspectives on these issues (e.g., parents, general educators, special educators, therapists, health, and mental health paraprofessionals and professionals, etc.) in the context of the provision of a research-based training content can lead to significant changes in the beliefs, knowledge, and practice of participants. (Chin & Benne, 1969; Fullan, 1991; Schon, 1983; Huberman & Miles, 1984);

(4) **Constructive Training Approach:** The nature of program and/or personnel development is inherently constructive in nature. That is, parents, professionals, and paraprofessionals at the local level should be enabled and empowered to collectively assess their own resources and needs, identify their particular program and personnel development goals, and to meaningfully interact with the available research literature in order to develop programs and services for young children and families which are truly community-based and therefore matched to local resources and needs (Fenichel, 1991; Schon, 1983; Sykes, 1991).

In addition, the project based its work on several major philosophical and conceptual themes derived from the research literature and the personal experience of project staff and consultants. These key themes were identified in the introduction of each training series and were repeated in each module. The overall purpose of the themes was to help participants identify the beliefs that are promoted in the modules. The themes relate both to the young learner in an early childhood setting and to the adult learner in the training sessions.

Environments for all learners need to be emotionally secure and physically safe.

- *Secure relationships enhance learning*
- *Accurate, understandable information enhances the learning environment*
- *Within a secure learning environment we are both teachers and learners*
- *Autonomy and decision making abilities support learning*

Learning is a process that involves taking some risks. The learner is put in a position

where aspects of his/her world are unknown and some experimentation is necessary to determine how the world functions. This can be a very unsettling process unless the learning environment supports the learner. Therefore, the creation of environments that are emotionally secure and physically safe is an essential component of designing learning environments for both adult and child learners. Secure personal relationships and accurate, understandable information can enhance the feeling of safety in a learning environment. Within this type of secure learning environment, there is an opportunity to learn from each other. Educators assist the learner in the learning process, but also are able to learn a great deal from the learner.

Within a secure environment, learning can be further enhanced by allowing learners to have some autonomy and some ability to make decisions. This is often difficult for the educator to realize because of the outside constraints of times and schedules When teaching children, it is too easy to create a learning environment that does not allow for child to have input into the types or timing of learning activities. In a similar manner, when teaching adults, care must be taken to insure that the participants have an opportunity to help determine content, timing, the style of the presentation.

Learning can be enhanced through individualization

- *Individualization already occurs within group settings*
- *Individualization in group settings can be enhanced*

Learning can also be enhanced through the individualization of teaching style, presentation and content. Teachers already make these individualized adaptations, although they may do them unconsciously. For example, adaptations are quickly made for the one child in a group who appears to be having difficulty staying in his/her area during a story activity. The child may be allowed to assist the teacher in getting another book to be read or may help in passing out materials for the activity. In a similar manner, adaptations are made for adults who may have different backgrounds or experiences by giving the adult participants examples that relate the content specifically to their needs.

The key to enhancing learning is for the teacher to begin to consciously identify the adaptations they are already making and to consciously plan for others that may be needed. By planning for individual needs, the teacher can be more effective in enhancing the learners ability to learn.

All learners have a variety of strengths and needs

- *You don't need to segregate to teach*
- *You don't need to segregate to learn*
- *Social interactions with a variety of peers and adults can enhance learning.*

Every adult and child learner, regardless of whether there is a label of a disability or not, brings individual strengths and needs to an educational environment. The role of the educator therefore, is to identify individual strengths and use them to impact on areas of need. Since all learners have strengths and needs, there is no need to segregated by perceived weaknesses in order to teach. This theme is the key idea behind the

movement toward integrating young children with disabilities into regular early childhood settings.

This theme also relates to the adult learners who are participating in the EITP training. The training is provided to all adults who are involved with the integration of young children with disabilities. Separate sessions are not run for early childhood specialist vs. special educators. Grouping all participants together, will provide an opportunity for the participants to learn from the strengths of the other participants. In a similar manner, young children without disabilities can benefit from the integration of young children with disabilities.

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III. DESCRIPTION OF THE MODEL AND PARTICIPANTS

The Early Integration Training Project was funded to provide multidisciplinary inservice training to child-care personnel throughout the state of Ohio in order to facilitate the inclusion of young children with disabilities, birth through age 5, in typical community early childhood programs. The project proposed to link child-care providers and administrators with special education and early intervention personnel and parents through the vehicle of inservice training. Since the spring of 1990, 1,046 individuals from 35 Ohio counties (40% of Ohio's counties) have completed the 15 hour training series (See Figure 1). The largest group of participants (28%) were child care teachers, administrators and aides from public and private (for profit and not-for-profit) programs. Head Start teachers, administrators and aides comprised the next largest group (20%) while individuals from birth through five programs provided through County Boards of Mental Retardation and Developmental Disabilities (MR/DD) comprised another 20% of the participants. The group of public school teachers, aides and administrators (14%) included early childhood teachers, special educators and some Kindergarten and Primary staff. Ohio implemented its preschool mandate for preschool children with disabilities in 1991 and public schools were just developing their programs during the period of this project. Parents comprised 8% of training participants and additional parents were included in each training session as panel members. Support staff (6%) participants included physical, occupational, and speech/language therapists, health and mental health professionals, and social workers. The other category (4%) included college students, interested community members, higher education personnel, and private consultants.

The project training was delivered by project staff and a network of eight regional consultants distributed geographically around the state of Ohio. Project staff and consultants cooperated with a variety of entities at the county level (e.g., local interagency councils, AEYC chapters, Head Start Programs, Community Colleges, County Offices of Health, Education, Human Services, and MR/DD, etc.) to identify and recruit participants, secure training sites, and identify co-trainers. Co-trainers were individuals who were employed locally and expressed an interest in providing the training to future participants in their locale.

The training approach was divided into four modules entitled: 1) What is Integration? 2) Who are the Children? 3) Who are the Adults? and 4) Problem Solving and Preparation for Integration. An outline of the training modules is provided in Figures 2a and 2b.

EARLY INTEGRATION TRAINING PROJECT

TRAINING MODULES OVERVIEW

MODULE ONE: INTRODUCTION TO THE CONCEPT OF INTEGRATION

This module will provide participants with information on the history of services to young children with disabilities and the current and future possibilities for providing integrated settings. The characteristics of a quality integrated program and a family centered philosophy will also be discussed.

Purpose and Goal

Purpose: To provide information on integration and quality programming for young children with disabilities.

Goal 1: To provide participants with an overview of the positive outcomes which can be expected through well-planned, integrated placements.

Goal 2: To provide information related to a family centered approach to providing quality programming for young children with disabilities.

Goal 3: To provide participants an opportunity to identify barriers to providing well-planned, integrated environments in their community.

MODULE TWO: WHO ARE THE CHILDREN

This module will provide participants with information about the normal development of young children and teaching strategies for developmentally appropriate early childhood programs. In addition, awareness level information will be provided about the effects of disabilities on the early development of children. Strategies for integrating young children with disabilities into regular early childhood programs will be discussed.

Purpose and Goals

Purpose: To provide information on the abilities and needs of young children with and without disabilities

Goal 1: To provide information on the needs and abilities of all children individually and in groups

Goal 2: To provide information on the impact of disability on early childhood development

Goal 3: To provide information on teaching strategies for young children with and without disabilities

MODULE THREE: WHO ARE THE ADULTS?

This module will provide participants with information on the Ohio preschool regulations describing services to young children 0-8 years of age with disabilities and the models of service delivery that have been developed to meet the needs for young children with disabilities to participate in integrated settings. This module will also provide information about the changes in roles and responsibilities that staff may experience in integrated settings and strategies to develop collaborative team skills.

Purpose and Goals

Purpose: To provide information on options for integrated programs, and to identify the roles, responsibilities and expertise of the adult team members including parents, early childhood educators, special educators and other support service staff.

Goal 1: To identify and discuss current options for providing integrated settings for young children with disabilities.
Goal 2: To identify and discuss the changes needed in roles, responsibilities, expertise and attitudes of adult team members in order to implement quality integrated programs.
Goal 3: To identify and discuss potential strategies for working as a team to integrate a young child with disabilities into a regular early childhood setting.

MODULE FOUR
PROBLEM SOLVING STRATEGIES AND PREPARATION FOR INTEGRATION

This module focuses on developing group problem solving skills and potential solutions for identified integration barriers. Barriers to providing integrated settings will be discussed in large and small group activities. In addition, strategies for preparing a site (personnel, other children, and other families) for an integrated placement will be discussed.

Purpose and Goals
Purpose: To provide information on problem solving skills and to provide solution to identified barriers to integration
Goal 1: To provide information on techniques for identifying problems, clarifying problems and developing creative solutions to problems.
Goal 2: To provide information on common solutions and strategies for preparing the entire early childhood setting for the integration of a young child with disabilities.

IV. METHODOLOGICAL AND LOGISTICAL PROBLEMS AND SOLUTIONS

The Early Integration Training Project evolved through several changes to its original design as presented in the goals and objectives in Section One. The major areas which experienced this evolution include: A) Training Design, B) Training Delivery, and C) Technical Assistance Delivery. Each of these areas will be discussed in this section.

A) Training Design

As originally proposed, the Early Integration Training Project was designed to deliver competency-based training related to the integration of young children with disabilities in typical community settings to four discreet groups: 1) Child Care Teachers, 2) Child Care Administrators, 3) Special Education and Related Services Staff, and 4) Parents. Early in the project, an Advisory Council was convened composed of representatives from the above constituencies and the five State agencies in Ohio having responsibilities in the area of young children and families (Ohio Departments of Education, Health, Human Services, Mental Health, Mental Retardation/Developmental Disabilities). The Advisory Committee membership was clear in its direction that what was needed was not *separate* training for these discreet groups, but training which was designed to bring them *together* in order to promote future collaboration. The project staff followed the direction of the Committee and developed a four module, fifteen hour inservice package as described in Section Three. This training approach was intended for audiences composed of individuals with diverse backgrounds and responsibilities within early childhood settings.

In addition to the content itself, certain other features were built into the training approach in order to attract a diversity of participation. Inservice credit for the training was approved from a variety of State Departments. This allowed individuals to take away from the training the continuing education credit appropriate to their profession and/or agency. This incentive alone proved to be a powerful attraction to participants. Undergraduate and Graduate University credit was also offered for those participants wishing to take advantage of it. Credit arrangements were made with eight different Institutions of Higher Education around Ohio (Ashland University, Bowling Green State University, The Ohio State University, Sinclair Community College, University of Cincinnati, University of Toledo, Wright State University, Youngstown State University). The project also sought a diversity of co-sponsorship for the training on the local level (local interagency councils, local AEYC chapters, local community colleges, and a variety of service programs) as well as co-trainer participation representing a variety of agencies and professions.

B) Training Delivery

The most significant change made in the delivery of training involved the development of a group of eight paid consultants distributed throughout the state who served to deliver the training in the second and third year of the project. This approach was adopted to address the logistical problem of limited project staff attempting to reach a very large audience from a central location. These consultants were drawn from a variety of agencies and were selected for their content expertise, training expertise, interest in the

project, and knowledge of the services (and credibility with the service providers) for young children in their area of the state. These trainers in turn worked with local "co-trainers" who exhibited an interest in providing the training on an ongoing basis at the local level. These co-trainers were not paid through project funds but were supported through their current positions in local agencies. The sum total of this effort is the existence of a network of twenty-one experienced trainers throughout Ohio (in addition to five project staff members) who are able and willing to provide the project's training in the future through private contractual arrangements or through arrangements with their employing agency.

C) Technical Assistance Delivery

A decentralized approach was also taken to technical assistance issues. The potential ineffectiveness of a small central project staff delivering technical assistance over a 35 county area prompted other solutions. The project capitalized on its collaborative approach and its network of consultants around the state, many of whom were already in technical assistance positions within their region of the state, to provide follow-up technical assistance to participants. Additionally, since the project's intent was to link community early childhood programs with early childhood special education and early intervention resources within their own communities, an important step in the development of technical assistance was the development of these collaborative relationships. The project has attempted to capture the experience of these collaborative relationships in its publication *Quilting integration: A technical assistance guide on integrated early childhood programs.*

V. EVALUATION APPROACH

The evaluation model of the demonstration project, EITP, was triphasal in design (Johnson & LaMontagne, 1991). Specifically recommended by Johnson and LaMontagne for effective evaluation of early intervention programs and professional development models. The theoretical base of triphasal evaluation derives from Stufflebeam (1971, 1974), Tyler (1971, 1974), and Scriven (1973, 1974).

The main intent of this summary is to present the effectiveness of the demonstration model, EITP, on primary and secondary audiences targeted by the project. In a coordinated triphasal evaluation design, such as this one, methods and instruments may serve multiple functions. It is emphasized that rigorous research of formative data (input and process evaluation) was applied by project staff towards the continual improvement of project design and the production of significant project outcomes. The three interwoven evaluation phases of the current triphasal approach (input, process, and output evaluation) have yielded a model worthy of dissemination and capable of effective and efficient replication.

1. Input Evaluation:

Input evaluation is designed to determine that the level of inputs into procedures eventually yield the correct output. In the demonstrated EITP model, input evaluation was utilized to assure sound development and continual improvement of project design, materials development, training improvement, dissemination efforts, and project management. Input evaluation methods and instruments included the use of such methods and instruments as:

- Development Group,
- Collaboration with State Agencies,
- Quality Advisory Board,
- Regular Staff Meetings,
- Pilot Focus Group Meetings,
- Regional Coordinator Teleconferences,
- Literature Review,
- Pretraining Questionnaires,
- Workshop Evaluations,
- Integration Questionnaires, and
- Participant Logs.

2. Process Evaluation:

The focus of process evaluation is to determine how well the initiative plan is implemented as designed. Process evaluation has provided management and monitoring functions by measuring such processes as (1) fidelity to training; (2) consumer satisfaction; (3) cost effectiveness; and (4) needs assessment. Process evaluation methods and instruments included the use of such methods and instruments as:

- Quality Advisory Board,
- Pretraining Questionnaire,
- Workshop Evaluation,
- Participant Logs,
- Post-Training Questionnaire,
- Barriers Activity,
- Regional Teleconferences,
- Regular Staff Meetings,
- Feedback Loops,
- Newsletter,
- Trainer as Change Agent Conference, and
- CoTrainer workshop.

3. Output Evaluation:

The focus of output evaluation is to determine the extent and quality of project impact. It provides an accountability function by measuring and reporting technical soundness of the project. Output evaluation of the demonstrated EITP model included four evaluation goals and related objectives:

Goal I.: EITP staff will evaluate whether or not and to what degree EITP provides training and materials to a variety of professionals, paraprofessionals and parents of children with and without disabilities.

Goal II.: EITP staff will evaluate whether or not, and to what degree, EITP disseminates information, products, and project descriptions including project design and results.

Goal III.: EITP staff will evaluate whether or not the EITP model has impact on training participants, and the quality and quantity of integrated services to children with disabilities.

Goal IV.: EITP staff will evaluate whether or not the EITP model can reliably be provided across trainers, training sites, and training conditions.

Output evaluation methods and instruments included the use of such methods and instruments as:

- Workshop Evaluation,
- Post-Training Questionnaire,
- Postcard Survey,
- Parent Survey,
- Panelist Survey,
- Collaboration Survey,
- CoTrainer Survey, and
- Trainer, Trainee, and CoTrainer Interviews.

VI. PROJECT IMPACT

A. Overall Findings

The major findings from the project are summarized below. The project has demonstrated technical soundness and important educational, as well as societal, contribution. It has demonstrated replication capability. Funded to increase the awareness and openness of professionals and paraprofessionals towards integration, it was hypothesized that they would be more likely to integrate children and change their practices to be more accommodating of children with special needs in typical early childhood settings. Thus, it was hypothesized that impacts would be realized for children and families also. Indeed, this has been the case: EITP can report impacts for professionals and paraprofessionals as well as for families and children. Some of the impacts which it can claim include:

- **Increased Participant Awareness** - Participants report that EITP training resulted in changes in knowledge of issues, concepts, definitions, and strategies related to integrated services to young children with disabilities and their families. (See discussions Post Training Questionnaire Results and Summative Analysis of Workshop Evaluation.)

- **Increased Participant Openness** - Participants reported that EITP training resulted in changes in beliefs and attitudes about children with disabilities, their families, and the integration of these children into preschools and other childcare facilities serving typically developing peers. (See discussions of Post Training Questionnaire Results and Summative Analysis of Workshop Evaluation.)

- **Changes in Professional & Paraprofessional Practices** - Participants reported that EITP training resulted in changes in teaching and administrative practice directly related to integrated services. These changed practices include classroom strategies for becoming more developmentally appropriate, more family-centered interaction, more team collaboration, etc. (See discussions Post Training Questionnaire Results, New Integration Postcard Survey, Collaboration Survey, and Parent Survey.)

- **Increased Integration** - A total of 102 children were reported to be newly integrated as a direct result of training. (See discussion of New Integration Postcard Survey.)

- **Increased Collaboration** - Participants reported an increase among and between roles and agencies as a result of training (i.e., networking initiated during training, resource and networks provided, etc.) (See discussion of Collaboration Evaluation.)

- **Changes Due to Parent Participation** - Parent participation was found to be an important training feature. Repeatedly workshop participants reported the powerful influence on their own thinking about integration and family-centered

approaches occurred because of parent perspectives in discussions as fellow participants or parent presentations as panel members (one of the training activities). Parents, too, reported that they sensed that their participation in the training made a difference on fellow participants' learning. Also, parents reported knowledge gain from their participation. (See discussions of Parent Survey.)

- **Consistent Consumer Satisfaction** - Consumer satisfaction was consistently high across trainers, training sites, and training conditions. These reports in addition to project staff observations of consultants in action, reflect that EITP is a highly replicable model that can be provided by individuals other than designers, in other locations, and under different arrangements. (See discussion of Summative Workshop Evaluations and of Evaluation Goal IV.)

B. Specific Findings

The primary project goals related to the evaluation of the EITP model were: (1) to provide training and materials to a variety of professionals, paraprofessionals and parents of children with and without disabilities, and (2) to disseminate information, products, and project descriptions including project design and results. Secondary goals were: (1) to demonstrate whether or not the EITP model has impact on training participants, and the quality and quantity of integrated services to children with disabilities and their families; and (2) to demonstrate whether or not the EITP model can reliably be provided across trainers and training conditions. Impact data and conclusions are organized below in response to evaluation goals and related objectives. Complete "Evaluation Reports" have been developed and disseminated nationally which discuss in greater detail than has been provided here the sampling, methodology, limitations, and conclusions of several studies conducted on the demonstrated EITP model.

Goal I: EITP staff will evaluate whether or not, and to what degree, EITP provides training and materials to a variety of professionals, paraprofessionals, and parents of children with and without disabilities.

Objective I.A.: EITP staff will evaluate whether or not, and to what degree, EITP provides training and materials throughout Ohio to parents and professionals and paraprofessionals in a variety of roles who serve families and children with and without disabilities.

Providing training and materials to a variety of professionals, paraprofessionals, and parents of children with and without disabilities was the primary objective of the Early Integration Training Project. Since the Project was piloted in the Spring of 1990, 1,046 participants have completed the 15-hour training series. Each participant received a trainee manual containing the four training modules as well as other materials intended to provide a resource for promoting increased service options for young children with disabilities and their families.

The Early Integration Training Project was configured in a 15-hour series typically conducted across 5, 3-hour sessions. The specific arrangement of each training, however, was organized to accommodate the needs of the participants. Eight Regional

Coordinators and 3 Project staff members have delivered a total of 15,690 participant hours of training since the Project's inception. A total of 40 training series were offered in 28 Ohio counties, with participants attending from a total of 35 Ohio counties. High levels of local interest necessitated multiple trainings in seven counties state wide. Trainings were conducted in all geographic regions of the state and in both urban and rural locales.

The demographic description of the training participants' roles is provided in Section Three. In addition to the range of provider roles represented at the trainings, participants also brought to the trainings differing levels of experience with young children with and without disabilities. Five percent (5%) of the participants overall had less than one year or no experience with young children. The majority of participants, however, did have experience, not only with young children, but with young children with disabilities in integrated settings. Participants with 1-5 years experience included 21% with young children only, 26% with young children with disabilities, and 27% with young children with disabilities in integrated settings. Participants with 5-10 years experience included 22% with young children only, 15% with young children with disabilities, and 8% with young children with disabilities in integrated settings. Participants with over 10 years experience included 34% with young children only, 18% with young children with disabilities, and 8% with young children with disabilities in integrated settings.

> Objective I.B.: EITP staff will evaluate whether or not and to what degree EITP provides training and materials to professionals, paraprofessionals, and parents across a variety of agencies serving children with and without disabilities in Ohio.

In addition to the role diversity participants brought to the trainings, a wide range of affiliations and agencies was also represented. Participants from 507 different agencies and affiliations attended the EITP workshops. When this number is compared to the total number of participants, each affiliation/agency was represented, on average, by 2 training participants. While a "buddy system" was not a design feature of the training groups, this serendipitous outcome is likely to benefit children and families because it represents the start of a within-site network supporting inclusionary practices.

Childcare providers from Head Start programs and county operated mental retardation/ developmental disabilities units attended the trainings. In addition, privately owned as well as publicly-funded preschools sent their staffs to the workshops. Many public agencies including local public health, mental health, and service organizations such as Easter Seals and local special education regional resource centers were represented at trainings across the state. Daycare programs from both the private and public sector also took advantage of the Project's training opportunities. An essential aspect to the diversity of each training group was the parents and family members who attended the trainings. Professionals and paraprofessionals frequently reported on Workshop Evaluations that they benefited from the perspective of parents of young children with disabilities in the training group.

> Objective I.C.: EITP staff will evaluate whether or not, and to what degree, EITP solicits sponsorship for training from a variety of local and state entities.

Setting the occasion for local providers to establish networks and collaborative groups was facilitated through the role/affiliation diversity of the training groups and the extensive pattern of state-wide training offerings. In addition, the Project promoted local involvement through donation of local training settings. Trainings were conducted at regional special education resource centers, Head Start Programs, college campuses, county operated boards of education and mental retardation/developmental disabilities units, private and public schools, public libraries, churches, community centers, childcare centers, meeting space provided by local businesses. A total of 35 locally sponsored sites were used as training centers during the Project's operation.

The Early Integration Training Project not only fostered collaboration and networking across the state through training participants and their respective service sites, collaboration between the Project, local providers and state agencies was also facilitated. State agencies including the Departments of Health, Mental Health, Education, Human Services, and Mental Retardation/Developmental Disabilities contributed informational and staff resources to the Project's goals.

> Objective I.D.: EITP staff will evaluate whether or not, and to what degree, EITP trains service providers to present EITP training in their local communities.

One of the features of the Early Integration Training Project was the preparation of local service providers to deliver early integration training in their local communities. The Co-trainer Survey was designed to assess the extent to which EITP Co-trainers were involved in training activities and the degree to which the trainer-of-co-trainers model facilitated their involvement.

A Co-trainer was defined as an individual who had an expressed interest in providing EITP training in his or her local community, had attended one training series as a participant, had assisted as an apprentice with training presentations at a second training series, and had received both the trainee and trainer's manuals. Co-trainers received no compensation for their services.

Thirty-two individuals were identified as co-trainers because they met the above qualifications, attended the EITP-sponsored Co-trainer Conference, and/or were recommended by the Project's Regional Coordinators. A survey returned by 21 of the co-trainers yielded the following findings.

None of the identified co-trainers conducted an EITP training independently. Attending one EITP training series with a trainee and trainer's manual followed by attendance at the Co-trainer Conference was the most common sequence of activities attended by co-trainers to prepare for conducting EITP trainings independently.

In response to questions related to perceived preparation for presenting the EITP training modules, individuals preparing to be trainers indicated that they were best prepared to present session lectures and lead group discussions. These same individuals felt they were somewhat less prepared to answer participant questions about issues and practices related to providing services for children with disabilities and their families.

The prospective EITP trainers were also asked to rate how successfully the trainer-of-co-trainers model prepared them to conduct trainings independently. While most indicated that the model was generally successful in preparing them, only 7 of the 21 respondents indicated that conducting an independent training was likely. An analysis of the factors that limited or promoted the likelihood of independent training provides insight into variables other than the training process that make the co-trainer-model a viable leadership-training approach.

The prospective EITP trainers were asked to rate factors that currently or potentially limited and promoted initiating local EITP training series. The list of rated limiters was generally the inverse of the list of rated promoters. Variables related to the demands of personal and professional schedules combined with time requirements to prepare and present training sessions were most commonly reported as limiters. The lack of financial compensation was also highly rated as a limiter but less so than factors related to time.

Variables having to do with the need for the training, personal interest, and philosophical compatibility were not identified by any of the respondents as limiters but were the most highly rated factors identified as promoters. Conversely, scheduling and financial issues identified as the primary limiters were not identified or rated by a minority of respondents as factors likely to promote training initiatives.

The EITP apprenticeship model for preparing local individuals to provide EITP training did create increased opportunities for 32 participants to increase their level of involvement in a service they perceived as necessary and beneficial to their communities. The model seems to provide potential trainers with a sense of being prepared to provide training. Regular offerings of the EITP training by local individuals is unlikely, however, unless prospective trainers have the time and financial resources that effective training series require.

As a final activity in the project, these same co-trainers were contacted by telephone to gauge their willingness to provide the training on an ongoing basis without financial support from the project. Thirteen of the co-trainers committed to being available to provide the training either through a private contractual arrangement or through arrangement with their employing agency. In addition, the eight project regional coordinators have made the same commitment bringing the total to 21 available trainers in the state of Ohio. With their permission, contact information has been disseminated throughout the state and arrangements are currently being made by several groups for follow-up training with several of the individuals.

Goal II: EITP staff will evaluate whether or not, and to what degree, EITP disseminates information, products, and project descriptions including project design and results.

Objective II.A.: EITP staff will evaluate whether or not, and to what degree, EITP publishes a newsletter to be distributed to all training participants, Advisory Board members, trainers, local ICCs, Ohio Head Start directors, members of the Early Childhood Consortium, AEYC, Ohio University Early Childhood programs, and other interested childcare service providers in and

out of state.

Partnerships, the Early Integration Training Project's newsletter was published four times beginning with the Winter, 1991 edition. Approximately 1400 copies of each newsletter edition were distributed-- 1200 by mail to Project participants and other early childhood service providers and families and 200 at conferences and meetings attended by EITP staff.

Partnerships featured interviews with administrators and consultants from Ohio's Departments of Education and Health discussing the role of state-level leadership in developing and maintaining inclusionary service options for young children with disabilities. In addition, each edition of Partnerships included strategies and updates related to current or pending legislation affecting early childhood education, service-provision guidelines and tactics, and highlights of exemplary local efforts of meeting the needs of young children with disabilities and their families.

Objective II.B.: EITP staff will evaluate whether or not and to what degree EITP participates in regional, state and national conferences.

EITP staff has formally presented the processes, strategies, and outcomes of the Early Integration Training Project's staff development model at the following state and national conferences and meetings:

March, 1993: Ohio Day Care Advisory Council\
March, 1993: Ohio Early Childhood Conference
December, 1992: National Conference of the Division for Early Childhood
December, 1992: Ohio Convention of the Council of Exceptional Children
November, 1992: National Convention of The Association for Persons with Severe Handicaps (TASH)
June, 1992: NEC*TAS National Evaluation Conference
June, 1992: Ohio Head Start Association Conference
May, 1992: Ohio Association for the Education of Young Children
May, 1992: Ohio Early Intervention Sharing Days
April, 1992: Illinois Early Childhood Conference
March, 1992: Ohio Early childhood Conference
November, 1991: National Convention of The Association for Persons with Severe Handicaps (TASH)
November, 1991: National Convention of the Division of Early Childhood
November, 1991: Ohio Convention of the Council of Exceptional Children
June, 1991: Regional Early Education Program for Children with Disabilities
June, 1991: Ohio Head Start Association Conference
April, 1991: Ohio Early Childhood Conference
March, 1991: Ohio Early Intervention Sharing Days
September, 1990: Minnesota Early Childhood Coordinators' Meeting
December, 1990: National Convention of The Association for Persons with Severe Handicaps (TASH)
October, 1990: National Convention of the Division of Early Childhood
March, 1990: Ohio Early Intervention Sharing Days

In addition, the EITP materials have been incorporated into Undergraduate- and Graduate-level coursework at Bowling Green State University, The Ohio State University, Youngstown State University and the State University of New York at Plattsburgh (through the employment of one of the Graduate Students from the project as an Assistant Professor). As an additional note, all four Graduate Research Associates who worked on the project during its three-year span have gone on to professional positions (one at an SEA, one in Higher Education, and two at LEAs). which relate directly to early integration issues.

> Objective II.C.: EITP staff will evaluate whether or not, and to what degree, EITP makes available for distribution EITP Trainer and Trainee Manuals.

Each of the 1,046 individuals who participated in the EITP training received a Trainee's Manual. The eight Regional Coordinators and the 32 Co-trainers each received a Trainer's Manual in addition to a Trainee's Manual. A small number of each manual have also been given to interested persons at state and national conferences attended by EITP staff.

> Objective II.D.: EITP staff will evaluate whether or not, and to what degree, EITP makes available for distribution ancillary products, media, and other publications.

The Early Integration Training Project produced four ancillary products intended to support the training manuals, to complement training sessions, or to provide a family perspective to staff development programs in general. Arrangements for future dissemination of project materials has been made with the National Clearinghouse on Rehabilitation Training Materials (NCHRTM) at Oklahoma State University. Written materials have been forwarded to the ERIC system along with a copy of this report. A form for ordering the ancillaries has been published in the Project's newsletter and has been distributed at training sites and conferences around the state and also on SpecialNet.

ICC Parents Share Their Stories, a 14-minute video, features four parents who serve on state interagency coordinating councils for early intervention. They share their families' stories and expectations regarding the creation of family-centered service systems for young children with disabilities. A second video, *Together We're Better*, demonstrates key issues related to early integration by focusing on the experiences of one Ohio parent and her preschool son with a disability. The video features inclusionary practices from a number of childcare sites around Ohio. A final video was created in cooperation with the Pennsylvania Family Focused Early Intervention System and Mr. Larry Edelman of Baltimore, Maryland. *Changing the Way We Think About Change: New Ways of Delivering Services to Families and Children* is a 30-minute program which focuses on changing orientations to serving children and families and how these change issues affect people in service programs.

In addition to these videotapes, the Project also published a guide for parents wishing to work with Interagency Coordinating Councils (ICC) titled, *Go Ask Alice: A Guidebook for Parents on State and Local Interagency Councils*. To date, over 1,300 copies of the publication have been purchased by individuals, organizations, institutions, and

agencies throughout the United States.

The Early Integration Training Project has also recently completed a publication entitled: *Quilting Integration: A Technical Assistance Guide on Integrated Early Childhood Programs.* The Guide was developed with the input of family members and childcare providers from around Ohio and will provides, in their own words, guidance related to the development of inclusive early childhood approaches for young children and families.

Contributions have also been made to the professional literature through an article describing the philosophy and intent of the Project's training model published by the University of Minnesota's Institute on Community Integration. Sykes, D. J. (1991). Staff training for inclusion. *Impact*, 4(2), 9.

> Objective II.E.: EITP staff will evaluate whether or not, and to what degree, EITP provides opportunities for childcare professionals, paraprofessionals, and parents to participate in EITP sponsored conferences.

The *Trainer as Change Agent* was the focus of a two-day conference sponsored by the Early Integration Training Project and aimed at preparing current and prospective trainers for EITP training presentations. The conference was held on September 24-25, 1991 at the Center for Special Needs Population in Columbus. Approximately 50 individuals from around Ohio attended the conference and included Project co-trainers, Regional Coordinators, Advisory Board members, representatives from several state departments and EITP staff. The two-day conference provided updates and reports about EITP activities, goals, and networking opportunities. Several panel discussions of issues related to family-centered inclusionary options were presented by parents, teachers, administrators, state department personnel, and EITP staff.

The second day of the conference featured Larry Edelman, former project coordinator of Project Copernicus at the Kennedy Institute, Baltimore, Maryland. Project Copernicus has worked to develop service delivery systems that are responsive to the priorities and choices of families with children with special needs. Edelman's presentation, "Changing the Way We Think About Change" provided an opportunity for conference participants to examine the role trainers can play in facilitating the shift from exclusion of children with special needs to creating inclusive service options.

Goal III.: EITP staff will evaluate whether or not the EITP model has impact on training participants, and the quality and quantity of integrated services to children with disabilities.

Five major instruments were used to assess the impact of the Project's training model on the participants and the children and families they serve: Post-Training Questionnaire, the Workshop Evaluation., the Collaboration Survey, the Parent Questionnaire, and the Postcard Survey.

> Objective III.A: EITP staff will evaluate whether or not the training influences the beliefs, knowledge, and practices of training participants.

1. Post-Training Questionnaire:

Data from the Post-training Questionnaire indicate that the Project's training model has had an impact on the knowledge, beliefs, and practices of workshop participants. The Post-Training Evaluation Questionnaire, a six-page self-report tool, was used to gather formative and outcome information from participants after an average of ten months had elapsed from training. The Post-Training Evaluation Questionnaire generated 357 units of analysis to the five questions that explicitly asked for outcome/impact statements or provided an opportunity to provide "other" comments. Of these units of analysis, 60 were marked as non - answers resulting in a total of 297 units of analysis. The following design limitations must be considered when drawing conclusions from the data of the Post-Training Evaluation.

Based on the actual responses of the respondents, model responses were selected and definitions of categories were developed, tested, and refined. Category integrity was measured established (Kappa = .60) following reliability checks by 3 independent raters (Johnson & Heal 1987). Several limitations with the evaluation design are acknowledged and have led to numerous efforts to triangulate other methods and other samples with this tool to understand the impacts/outcomes of the Early Integration Training Project more clearly.

The Post Training Questionnaire was a mailed survey in which all of the participants from the first seven trainings were asked to respond to questions about whether or not the training had an impact on their knowledge, beliefs and practices relative to serving young children with disabilities. Overall, 90% of those who returned surveys specifically indicated that the Project's training had an impact on their knowledge, beliefs, and/or practice compared to 1% who specifically stated that the training had no impact. The remaining respondents reported that the training affirmed knowledge, beliefs, and/or practices long held by the participants.

A concern associated with studies using content analysis is sampling bias (Patton, 1987; Borg & Gall, 1983; Krippendorff, 1980; Johnson & LaMontagne, 1992). While this sample was not randomly selected, each participant in the first seven trainings was surveyed. No participants were excluded. There was a 58% return rate on the Post-Training Questionnaire.

Research has shown that those who elect to return mail questionnaires often represent a biased sample (Fowler, 1988). Because follow-up data was not collected on the nonrespondents, the results of the survey must be viewed within this limitation in spite of the substantial difference in the percent of respondents who claimed an impact versus those who did not.

Subjectivity on the part of the researchers is a sometimes cited weakness of content analysis of qualitative data (Johnson & LaMontagne, 1991). The systematic categorization of data used with this survey instrument was intended to increase the validity of the content analysis by accurately representing the written language of the respondents into thematic units.

Patton (1987), Johnson and LaMontagne (1992) have suggested that a better construct

than generalization with qualitative instruments is extrapolation. "Extrapolation is a simple speculation on the probability of similar results in similar settings with similar conditions" (Johnson & LaMontagne, 1992, p. 11). Conclusions from this data should be viewed within this context.

The Post-training Evaluation Questionnaire generated 236 responses from 85 respondents to 5 questions that explicitly asked for outcome/impact statements, or provided an opportunity to provide "other" comments. Responses were grouped into 18 different categories, some of which were shared by more than one question (e.g., changes in knowledge, continued integration). While none of the questionnaire items specifically requested that respondents indicate changes in beliefs, knowledge, and/or practices, the following outcome/impact trends are present in the data for these areas:

A. Participant reports indicate that the training has had the greatest impact on changes in knowledge of issues, concepts, definitions, and strategies related to integrated services to young children with disabilities and their families. The following statements are representative of questionnaire responses indicating changes in knowledge:

   - "The training impacted my awareness of the need to offer integrated early childhood programming."
   - "The information helped me realize the barriers set forth by individuals in integrated settings."
   - "The training made me realize that many people have hidden prejudices about disabilities due to lack of knowledge and understanding."
   - "The information has given me a broader scope on having disabled children in the center."
   - "It (the training) helped me learn a better way to handle 'normal' children's response to a handicapped child and how to approach a parent of a handicapped child."
   - "I never realized how many special needs children and families there are and what they have to go through."
   - "It (the training) made me aware of how easily handicapped children fit into a 'regular' daycare setting."
   - "Even as an early childhood professional I gained information. I found it informative to hear barriers and philosophies of others different than mine."
   - "If I had any children with disabilities I feel I would be better at handling all aspects of their care because of attending this class."
   - " I didn't realize that there were so many specialists available. The information that you don't have to segregate children with disabilities so they can learn was most helpful."

B. The data also suggest that the training has resulted in changes in beliefs and attitudes about children with disabilities, their families, and the integration of these children into preschools and other childcare facilities serving typically developing peers. Since the majority of participants have had experience with young children with disabilities, in many cases in integrated settings, it may be reasonable to assume that large-scale changes in beliefs are unlikely given the experience level of the participants. The following statements are representative of questionnaire

responses indicating changes in beliefs and attitudes:

- "I always felt I needed more training and felt uncomfortable working with special needs children. The course enabled me to sort through those feelings and realize my strengths as well as my limitations."
- "I feel more empathetic to those disabilities. I try more often to see, hear, feel what the child experiences."
- "It's an attitude question. we have to make inclusion look so inviting that people want it."
- "It (the training) has given me the courage of my convictions."
- "The training helped to ease concerns . . . "
- "We have felt more comfortable in accepting special needs kids into our program since attending the Early Integration Program."
- "I'm more energized and committed."
- "The confidence I gained from the training enabled me to accept the challenge of adapting our center to meet the needs of all children."
- "The training has truly impacted my philosophy and beliefs about a child's right to quality childcare regardless of her/his limitations."

C. Changes in teaching and administrative practice directly related to the provision of services to young children with disabilities and their families and a result of the training are much less clearly indicated in the data. It is difficult to conclude for most of the responses that changes have come about as a direct result of the EITP training series. This is in contrast to statements about changes in beliefs and knowledge which, in general, indicate changes that are a function of training. While it may be reasonable to assume that changes in knowledge and beliefs are likely to translate into changes in practice, the data does not present a clear indication of this. In addition, changes in practice require certain prerequisite conditions that changes in beliefs and knowledge do not. For example, changes in practice are largely dependent on whether or not children with disabilities are enrolled in a childcare facility. In many cases, respondents indicated that no children with disabilities were currently enrolled in their programs. Reporting changes in knowledge or beliefs in the absence of the need or opportunity to practice these changes also must be considered in evaluating the strength of these changes. Given these limitations, the following statements are representative of questionnaire responses suggesting changes in practice:

- "The information I received is used in my daily work."
- "I applied what I learned from class to my actual work as a speech enhancer."
- "I believe I more reliably evaluate settings for appropriateness."
- "The training has become useful on a daily basis and the book is a great reference."
- "I evaluate my daily routine with special needs kids on a more frequent (daily) basis."
- "I try to be sure that each activity is developmentally appropriate."
- "I believe that the Early Integration Program has helped me to deal with the needs and concerns of the parents of kids with disabilities."
- "I have used some of the written materials with my staff."
- "I have become more of an advocate for children with disabilities."

- "I really try harder to have the other children interact with a child who has a disability."
- "It made starting a relationship with the MR/DD teachers we would be integrating classes with easier."
- "We were able to combine our classes frequently. The children were accepting and enjoyed the experience."

D. For all three change questions--beliefs, knowledge, and practice--many respondents indicated that no change had occurred as a function of training because services that corresponded to those recommended in the training series were well established in the respondent's childcare facility. The level of change in all three areas may be indicative of the level of experience of the respondents rather than the potential of the training to affect change. This is particularly true for changes in beliefs and practice. The following statements are representative of questionnaire responses which affirm the accuracy and/or value of the training content as it relates to the current practice of childcare providers:

- "The training reinforced the approach that is appropriate to use with most children. Early childhood professionals have practiced developmentally appropriate practice for many years."
- "The information helped to affirm what we were already doing."
- "Most of the input reinforced what I already knew to be true from my years of working with young children."

E. The data clearly indicate that an outcome of the training is the opportunity to interact and network with other childcare providers during and following the training. Expanded communication with fellow professionals and family members of children with disabilities is a direct indication of changes in practice and many of the respondents indicated that the networking opportunities provided the basis for changes in knowledge and beliefs about other agencies, children, and families. The following statements are representative of questionnaire responses indicating opportunities for networking and collaboration:

- "It is always helpful to be able to discuss ideas and concerns with those in the same field of work."
- "The training provided a wonderful networking opportunity for center staff, home-care providers, and other organizations and individuals in the integration of special needs children."
- "Many times center-care staff and home-care staff do not agree or understand the other caregivers role. This was a good opportunity to bring us together toward a mutual goal."
- "That was the best part of the experience--it allowed me an opportunity to network with our local daycare providers in a common, positive environment."
- "It gave us the opportunity to meet with and discuss issues with other professionals whose expertise we could call upon."
- "I've called on various members of our training group regarding possibly providing integrated care for some children and some of them have called me for resources."
- "As an administrator, I offered speech and hearing through an agency that took

the training the same time I did."
- "I referred a parent to someone in the class wanting in-home care for a special needs child."
- "In my training session, there were parents of two children with disabilities. I became more familiar with the problems and prejudices they face."

F. Respondents could answer Question #6 (As a result of training, have you participated in any services to young children with disabilities in integration settings?) as "yes" or "no." The "yes" responses have been included in the data for changes in beliefs, knowledge, and practice. Of the 42 respondents who answered the "no" option of this question, 35 indicated barriers to integration over which the training series had little or no influence. These barriers included staff, architectural/physical, community, financial, and family-based issues that interfered with integration efforts. The following statements from the questionnaire are representative of these concerns:

- "Many professionals aren't enthusiastic about integrated options."
- "The majority of staff are not trained in integration."
- "Our building is not suited to many children with disabilities."
- "Parents often times are not aware of the integrated options and supports that are available."
- "The cost of providing additional staff and equipment."
- "Many parents of children with disabilities may fear the family daycare provides untrained staff for their children."

Results from the Post-Training Questionnaire, overall, seem to indicate that training has had the greatest impact on changes in knowledge of issues, concepts definitions, and strategies related to integrated services for young children with disabilities and their families. The training has had some impact on beliefs and attitudes about children with disabilities, their families, and integration. Though the extent to which changes in practice are directly attributable to the EITP training is not clearly indicated in the data, experience level, role, and professional background of the participants seem to be important contextual variables relative to changes in knowledge, beliefs, and practice. The diversity of the training groups is conducive to networking, collaboration, and the instructional model of the training series.

2. Summative Analysis of Workshop Evaluation:

Summative analysis of the Workshop Evaluation also suggests that participants seem to experience knowledge gain as a result of training. The primary purpose of the Workshop Evaluation was to provide immediate process information on each training module. In its formative function, the instrument provided quantitative and qualitative results which were used to monitor trainer fidelity to the EITP model and to provide input into ways that training modules and trainer skills could continually be improved. The use of the tool reported here, however, is its summative function. As an outcome evaluation tool, the Workshop Evaluation provided a means of examining whether or not the training influences knowledge of training participants.

A sample of fourteen trainings was selected by date of training. The selected sample

included all trainings provided during a five month period. Selection criteria (all trainings between April and October of 1991) represented the last content revision to the training and the most recent revision to the Workshop Evaluation form. Hence, the sample represented trainings on the same training content measured by the same version of the Workshop Evaluation. Due to the ongoing provision of training across Regional Coordinators, this sample, while selected by the time criteria indicated, provided a distribution of trainings across all trainers and across all geographic regions of the state. It also included trainings which were conducted in urban communities and rural locations and trainings that included large training groups (greater than twenty) and small training groups (twenty or less).

The Workshop Evaluation is a thirteen-item assessment developed and used for input and process evaluation purposes. As a consumer-satisfaction report collected from all participants at the conclusion of each training session, the assessment offers summative functions, as well. The sample has been analyzed quantitatively and qualitatively to add to the EITP staff's understanding of two evaluation goals - the first of which is addressed here: whether or not the training influences knowledge of training participants.

Questions ten through thirteen on the Workshop Evaluation provide for qualitative feedback on the part of participants including their follow-up needs and things that they felt were "strengths" of the workshops and ways they feel the workshop could be "improved." Question number 10 asks participants to identify "three of the most significant things they learned as a result of this workshop." It is question number ten which has been explored here as a self-report evaluation of whether or not training influences knowledge of training participants.

Qualitative responses to the questionnaire were sorted into discrete categories par the Content Analysis procedure described by Johnson & LaMontagne (1991) for examining the verbal or written communication of stakeholders within early intervention. Units of analysis, or conceptual hulls, were identified and non - answers were marked as such. A unit of analysis was defined as any complete reference to persons, objects, processes, and/or concepts that was related to a question in the survey. Responses that did not address a survey question were designated as non-answers.

When specifically prompted to "identify three of the most significant things you learned as a result of this workshop," respondents indicate a specific knowledge gain items per module. Qualitative responses are demonstrated in Table A, B, C, and D following brief categorical definitions. The three most frequent reports which participants made in response to question ten per each module are displayed in the tables.

"Category"- definition	Sample Qualitative Responses
"The law"- knowledge gained about laws and legal issues of integration	• "legal issues - sorting out Ohio law components" • "some legal aspects on integration"
"How important it is" - awareness or belief gained that integration is important	• "How important it is for children of special needs to be as "normal" as possible." • "I learned that integration is very helpful and must be well planned.
"Family emphasis" - understanding the views and/or needs of parents/ family members.	• "importance of family centered approach" • "family support systems" • "The parents play an important part."

Table A: Frequent knowledge gain reports to Module 1 Workshop Evaluation

"Category"- definition	Sample Qualitative Responses
"labels"- learned about the effects of labeling children	• "How the use of labels can be both good and bad." • "Information about using labels with children with disabilities"
"development and disabilities" - Gained knowledge about the milestones for development, children develop at different rates, different disabilities	• That disabilities in one area can seriously affect other areas of learning" • All of a child's developmental need to be given attention if you are to be a successful teacher." • "I gained knowledge of the developmental milestones/handicapping condition."
"wealth of people to ask" - shared each other's perspective, views, opinions	• " Parents are a wonderful resource concerning the abilities and expectations of their child." • How to best work at an effective team."

Table B: Frequent knowledge gain reports to Module 2 Workshop Evaluation

"Category"- definition	Sample Qualitative Responses
"A collaborative team" - Teamwork, communication needed to make integration successful	• "Strategies to develop a collaborative team" • "Collaboration and team planning are the key ingredients in providing a whole child learning experience for the disabled child."
"parent perspective"- learned importance of family-centered approaches	• "getting parents involved" • "how a parent of a special needs child feels about an integrated program"
"barriers" - learned of potential barriers/ problems to integration	• "There are a lot of barriers that need to be overcome." • "Staff training very important for integration"

Table C: Frequent knowledge gain reports to Module 3 Workshop Evaluation

"Category"- definition	Sample Qualitative Responses
"Networking with fellow educators" - learned importance of different attitudes, beliefs, perspectives	• networking" • "networking value and advantages" • "Communication among professionals and with parents, and the issues for things to occur, is imperative for this strategy to work."
"Problem-solving" - generating solutions to barriers	• "Skills in dealing with barriers in integration, collaboration is critical when problems need to be solved."
"resources" - services and persons available	• "where to go" • "resources in people on team"

Table D: Frequent knowledge gain reports to Module 4 Workshop Evaluation

Alone, the self-reporting of knowledge gain on the workshop evaluation has limited meaning. Added to other formal and informal output evaluation efforts. The specificity and redundancy of reports add to the extrapolation that participants in EITP develop greater awareness of issues addressed by the training content and process (i.e., integration, child development, collaboration, networking, etc.).

3. Collaboration Survey:

The sample used in the workshop evaluation analysis, due to its distribution across trainers and training conditions, was also used as a sample for the Collaboration Survey. The Collaboration Survey, mailed five to twelve months after training, explored the indication of the Post-Training Questionnaire that the opportunity to interact and network with other professionals, paraprofessionals, and parents during and after training was a training impact on participants. While data analysis of this tool is still incomplete, Figure 3 represents some preliminary results on the first question which explored who the respondent collaborated with before and after training. For respondents overall, there was an increase indicated in the amount of collaboration

which occurred between the respondent and parents/family members, regular/early childhood educators, special educators, administrators, community agencies/ resources, and related medical service providers. This study is threatened by a response set in which subjects may have reported positive change due to an expectancy to do so rather than as a reflection of actual change. However, these results triangulate with other findings that EITP increases networking opportunities such as those indicated by the Post Training Questionnaire, Workshop Evaluations, etc.

> Objective III.B.: EITP staff will evaluate whether or not the EITP model influences the quantity of integrated services to children with disabilities and their families.

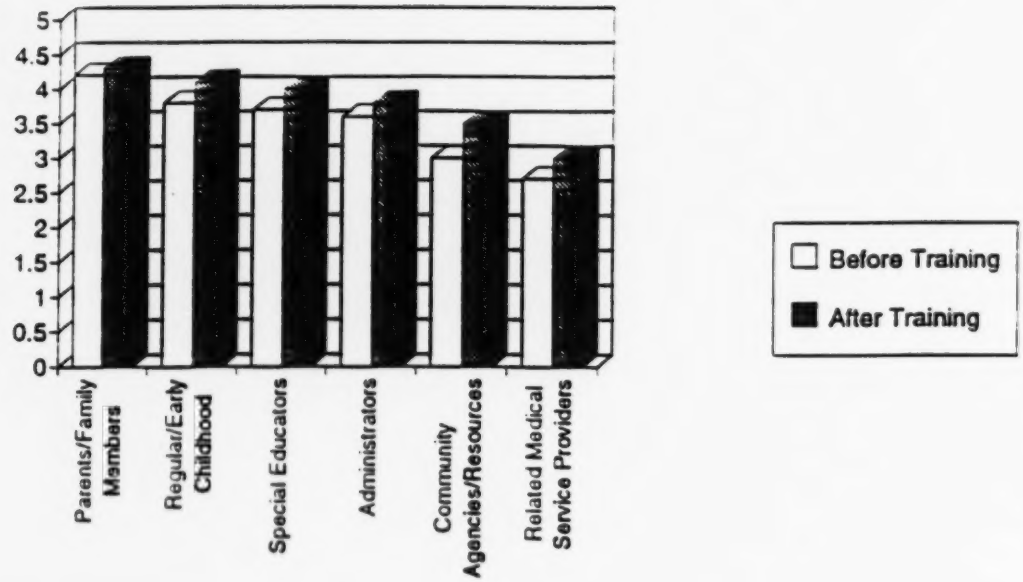
1. Postcard Survey:

Whether or not attending an EITP training series contributed to new integration of children with disabilities was assessed with a Postcard Survey sent to all participants who identified their role as administrative. The sample represented 96 (79 responses, 82% response rate) different childcare sites. Based on an analysis of the returns, 17 of 79 sites returning the survey (22%) reported new integration as a direct result of the training. A total of 102 children were newly integrated into these 17 childcare sites.

A total of 102 children were newly integrated at the 17 locations reporting new integration. The number of newly integrated children per site ranged from 1-30. The median number of children integrated per site was 2. A total of 25 children were newly integrated in the six childcare centers that reported new integration. The number of children newly integrated into these settings ranged from 2-10. The median number of children newly integrated was three. The three Head Start programs that reported new integration as a direct result of the Early Integration training accounted for a total of six children. Seventeen children were newly integrated into three public preschools. The new integration per site ranged from 3-17 with a median of two children. One home/family-based childcare setting reported that one child had been newly integrated. A total of 48 children without disabilities were newly integrated into four county MR/DD settings. The number of children integrated into these settings ranged from 2-30 with a median of 2 children. Private special education schools did not report any new integration.

Teaming opportunities, training-group diversity, and parental input were cited as aspects of the training that directly influenced new integration efforts through changes in beliefs, knowledge, and/or practice for those who responded to the survey. The opportunity to hear success stories from other professionals actively involved in the integration of young children with disabilities into typical childcare settings was reported as a positive incentive to integrate. Similarly, activities which enabled professionals to experience the perspective of the parent of a child with disabilities also provided encouragement to provide integrated childcare services. In addition, administrative participants reported that knowledge gained from the training modules relative to classroom adaptations, appropriate practices, child

Figure 3: Respondent Collaboration Before And After Training



development, problem-solving strategies, and legislation proved helpful in preparing other staff for integrated placements.

Seventeen sites did not respond to the survey. This represents 18% of the 96 settings surveyed. Four of the 34 childcare centers, 1 of 13 public preschools, 10 of 26 Head Start programs, and 3 of 7 family/home-based childcare sites did not respond to the survey. All of the county MR/DD board units and private special education schools surveyed returned the questionnaire.

Two sites were randomly selected from each of the groups that did not return surveys. A telephone interview was conducted with each site to gather additional survey data. Nine of the sites reported no new integration as a direct result of training. One of the randomly selected Head Start programs reported that one child with a disability had been newly integrated as a direct result of training.

The questionnaire specifically asked for information relevant to new integration of children with disabilities into typical childcare/preschool settings that was a direct result of the early integration training. There was no specific request in the questionnaire to indicate occurrences of reverse mainstreaming. Nor did the questionnaire inquire about legal or other program requirements which established levels of integration prior to the Early Integration training.

Given this context, the survey may have had minimal relevance to the integrative efforts taking place in county MR/DD programs. Follow up phone contacts revealed that all new integration reported by MR/DD programs involves the inclusion of typically developing peers into classrooms serving children with disabilities. The four MR/DD sites that reported new integration specified the number of typically developing children integrated. Three additional MR/DD sites reported reverse mainstreaming but did not report specific numbers of children.

Head Start programs are required to make a minimum of 10% of their total enrollment opportunities available to children with disabilities. Of the 17 Head Start programs that returned surveys, 14 sites reported no new integration as a direct result of training. Eleven of these 14 programs explained instances of new integration as a function of the 10%-enrollment requirement and a history of integration rather than the Early Integration training. No explanatory comments were provided by the other two Head Start programs who indicated no new integration.

Follow-up phone contacts were made to the three Head Start sites that reported new integration. Each site was asked to explain how the Project's training had directly influenced new integration within a context of a minimum enrollment requirement of children with disabilities. All three sites reported that the level of enrollment far exceeded the 10% minimum requirement and that the training had provided the incentive to actively work toward integrating more children with disabilities.

The survey required responses relative to the integration of children with disabilities and was most relevant to childcare centers and public preschools. The combined return rate for these site categories was 89%. Childcare centers and public preschools made up 49% of the surveyed sites, accounted for 56% of the number of sites with new

integration, and 47% of the newly integrated children.

Family/home-based childcare sites represented the smallest group surveyed. While only one child was newly integrated into the family/home-based sites, this represents 14% of the sites surveyed. The extent to which family/home-based sites can accommodate children with disabilities is quite different than a school or commercial childcare center. The size of the home, number of service providers available, and the extent to which architectural modifications and special furnishings and equipment are affordable will all influence a family/home-based childcare provider's ability to provide a service option to young children with disabilities.

The explicit focus of the EITP workshops was to facilitate the integration of children with disabilities into typical childcare/preschool settings by preparing service providers for inclusionary efforts. Implicit in this focus is the value of integrating typically developing children into special education settings. For participants representing MR/DD programs and private special education schools, future training considerations might include a more explicit focus on reverse mainstreaming and its benefits to both typical children and those with special needs. Similarly, given the unique circumstances facing the family/home-based provider, strategies for accessing and sharing specialized equipment and resources may facilitate the inclusion of more children with disabilities into family/home-based settings

2. Parent Survey:

Parent involvement was found to be an important feature in EITP. As part of the content of the training is family-centered approaches to serving children with disabilities, it was found that even limited family member involvement made a big difference in facilitating professional and paraprofessional understanding of family needs.

A total of 61 parents and family members of young children with disabilities attended the trainings over the course of the entire project. All training groups had at least one parent/family member enrolled. Parent and family member involvement in EITP is seen as one of its strongest features. As one parent indicated on the Parent-Participant Survey.

> *I think the training greatly enhanced the direction the Center has taken to integrate all young children. The teachers have developed a climate of openness and togetherness that will have a lasting effect on the children. I am very pleased with the EITP and hope it can continue.*

A 6-item open-ended questionnaire along with a letter of rationale, return envelope and postage was mailed to each of the 56 parents/family members who had attended a training series at the time of the survey. The questionnaire asked parents/family members to describe the impact of the training in relation to changes that may have occurred in the quality of services received by their children and the nature of their interactions with childcare professionals. The questionnaire also asked parents/family members what benefits attending a training series with childcare providers afforded them and what they perceived to be the benefits for the childcare providers.

Twenty-nine (29) of the 56 surveys were returned representing a return rate of 52%. Twenty-one (21) respondents indicated that the training had an impact on the way they perceived, interacted with, or obtained services from childcare agencies and professionals. Ten (10) of the respondents indicated that the training had contributed to the type or quality of childcare services their children received. All of the respondents indicated that professionals benefit from the opportunity to interact with parents and family members in the EITP workshops. Of the 25 respondents who answered, all of them thought that parents benefited from the opportunity to interact with childcare professionals in the EITP workshops.

Nineteen (19) parents indicated yes in response to the question, "Did your participation in the training influence the way you perceive, interact with, or obtain services form childcare agencies and professionals?" Eight (8) individuals answered the question negatively. When asked to explain their responses, eight (8) individuals who indicated change, described a sense of greater confidence ("I am also encouraged in myself to make known my disuse for my child in the segregated setting - I'm more confident.") Five (5) surveyed parents indicated that the training helped them to appreciate different perspectives ("It did help with the way I perceive things and how others perceived things.", "The training gave me the opportunity to see there are professionals out there who do have the child's interest as their main concern.") Five (5) parents indicated that the training helped them learn how to face and overcome barriers ("By examining barriers and ways to overcome them.") Four (4) individuals indicated that the heterogeneous grouping of EITP training helped parents and teachers to work together ("As a parent it gave me the opportunity to get some insight into how and why professionals operate as they do and how to work with them to see that children get best services possible.")

Goal IV.: EITP staff will evaluate whether or not the EITP model can reliably be provided across trainers, training sites, and training conditions.

Objective IV.A.: EITP staff will evaluate whether or not the EITP model can reliably be provided across trainers.

The Workshop Evaluation was utilized with all training participants since the EITP pilot. The function of the tool reported here is its summative function. As an outcome evaluation tool, the Workshop Evaluation will provide a means of examining an output evaluation goal: (1) whether or not the EITP model can reliably be provided across trainers and training conditions.

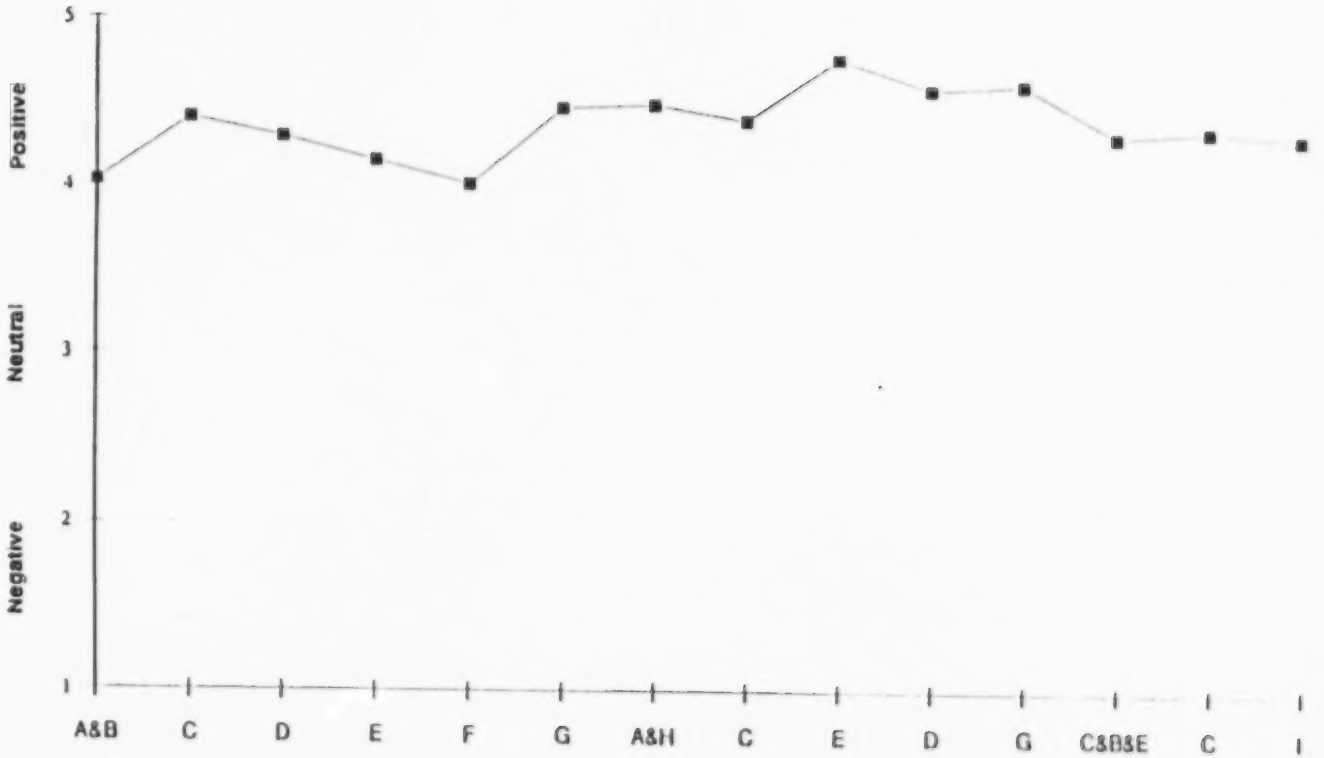
Figures 4, 5, and 6 present grand means which were calculated from raw data for question groupings across all four module evaluations in each training. Training quality, training relevance, and knowledge gained is indicated across the fourteen trainers. Participant ratings for relevance, quality, and knowledge gain are positive across all trainers.

Objective IV.B.: EITP staff will evaluate whether or not the EITP model can reliably be provided across training conditions.

Grand means were also calculated from raw data for question groupings across three

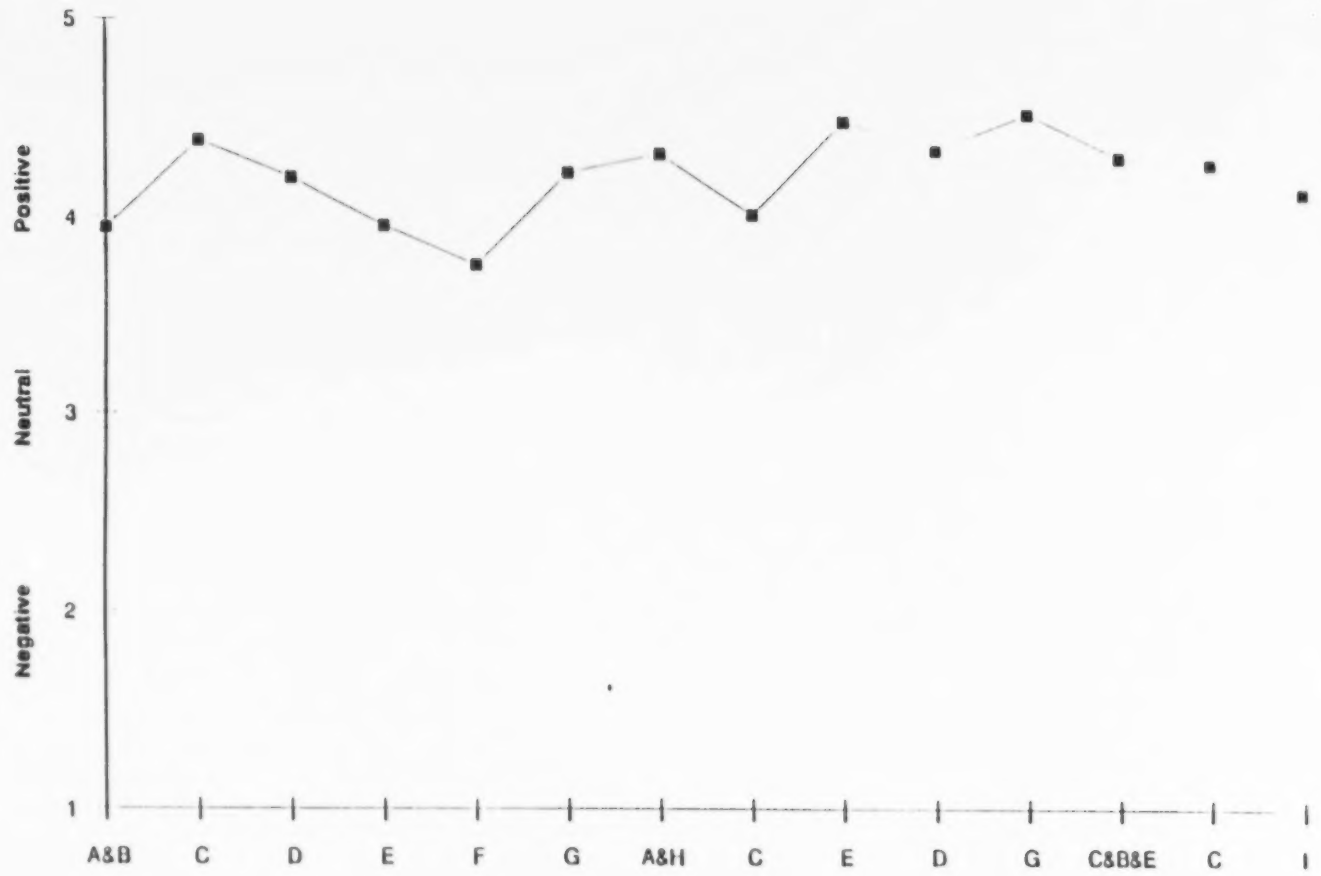
training conditions: more urban versus more rural training sites; five geographic regions of state (North West; North East; Central; South West; South East); and across large training groups (training series with greater than twenty participants) versus small groups (training series less than twenty participants). Figures 7, 8, and 9 present quality, training relevance and knowledge gained from training across these training conditions. Participant ratings for relevance, quality, and knowledge gain are positive across training conditions of urban and rural training sites, region of the state, and size of training.

Figure 4. Ratings of Training Quality Across All Trainers.



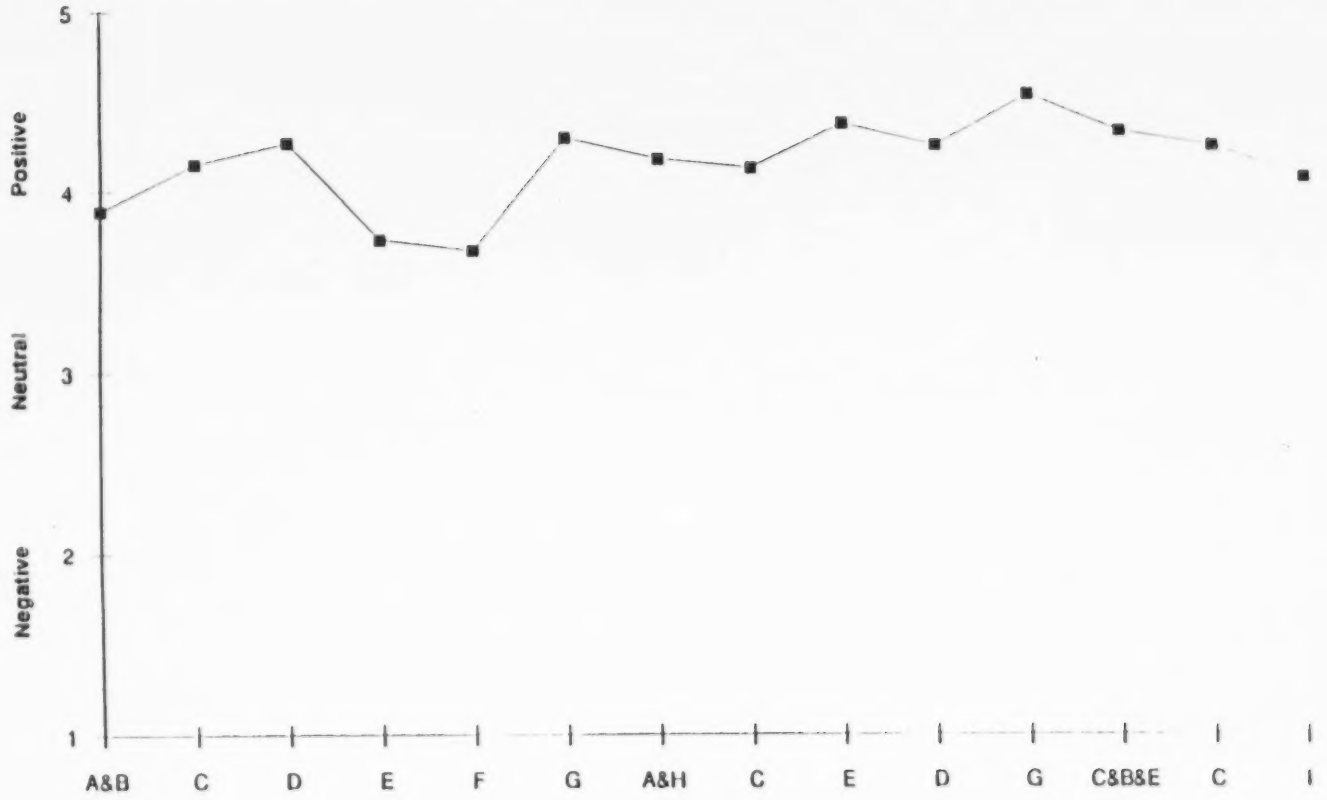
Letters (A, B, C...) represent individual trainers

Figure 5. Ratings of Training Relevance Across All Trainers.



Letters (A, B, C...) represent individual trainers.

Figure 6. Ratings of Knowledge Gained from Training Across All Trainers.



Letters (A, B, C...) represent individual trainers

Figure 7. Rating of Training Quality Across Geographic Region, Group Size, Urban/Rural Sites.

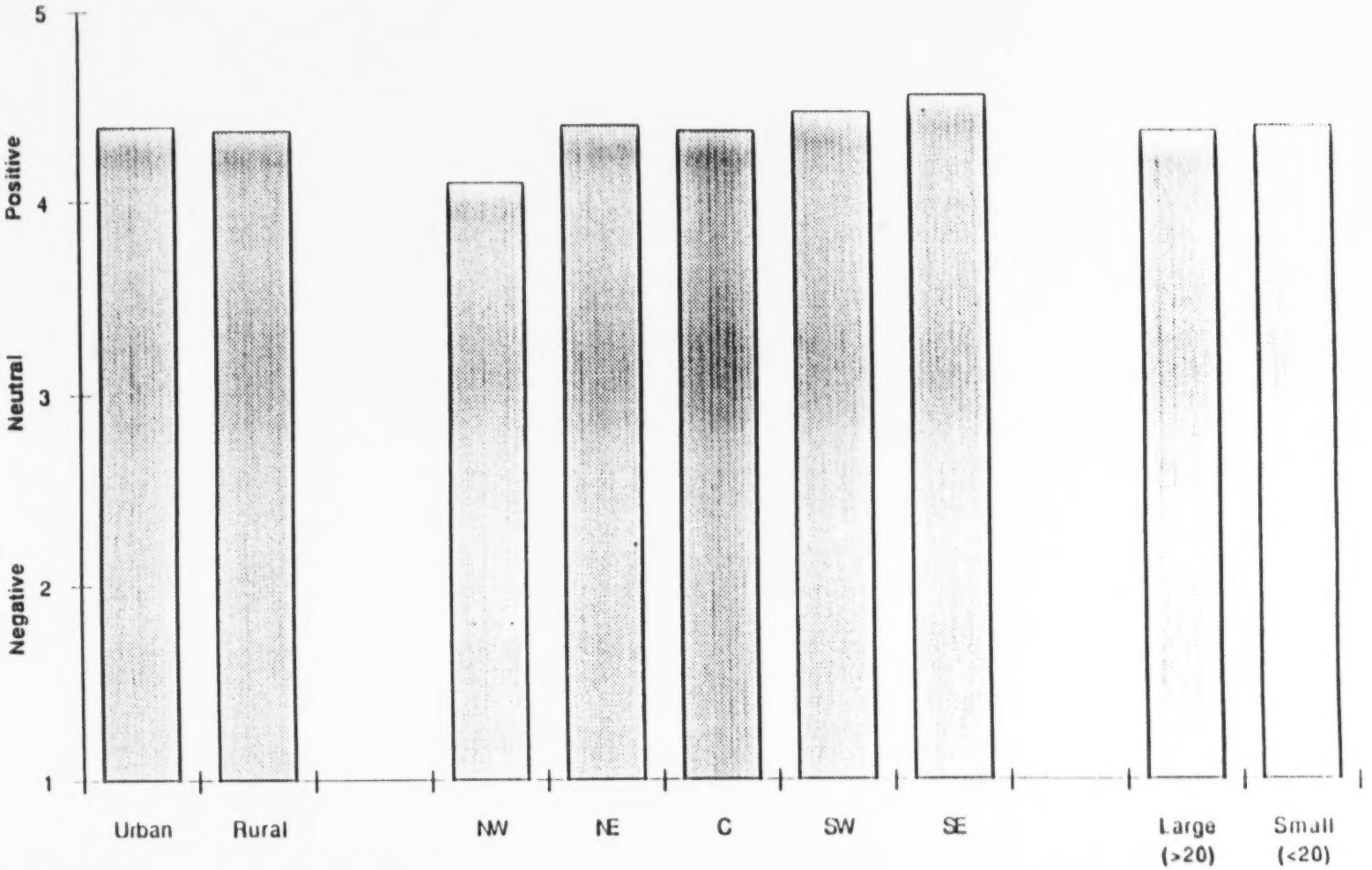


Figure 8. Rating of Training Relevance Across Geographic Region, Group Size, Urban/Rural Sites.

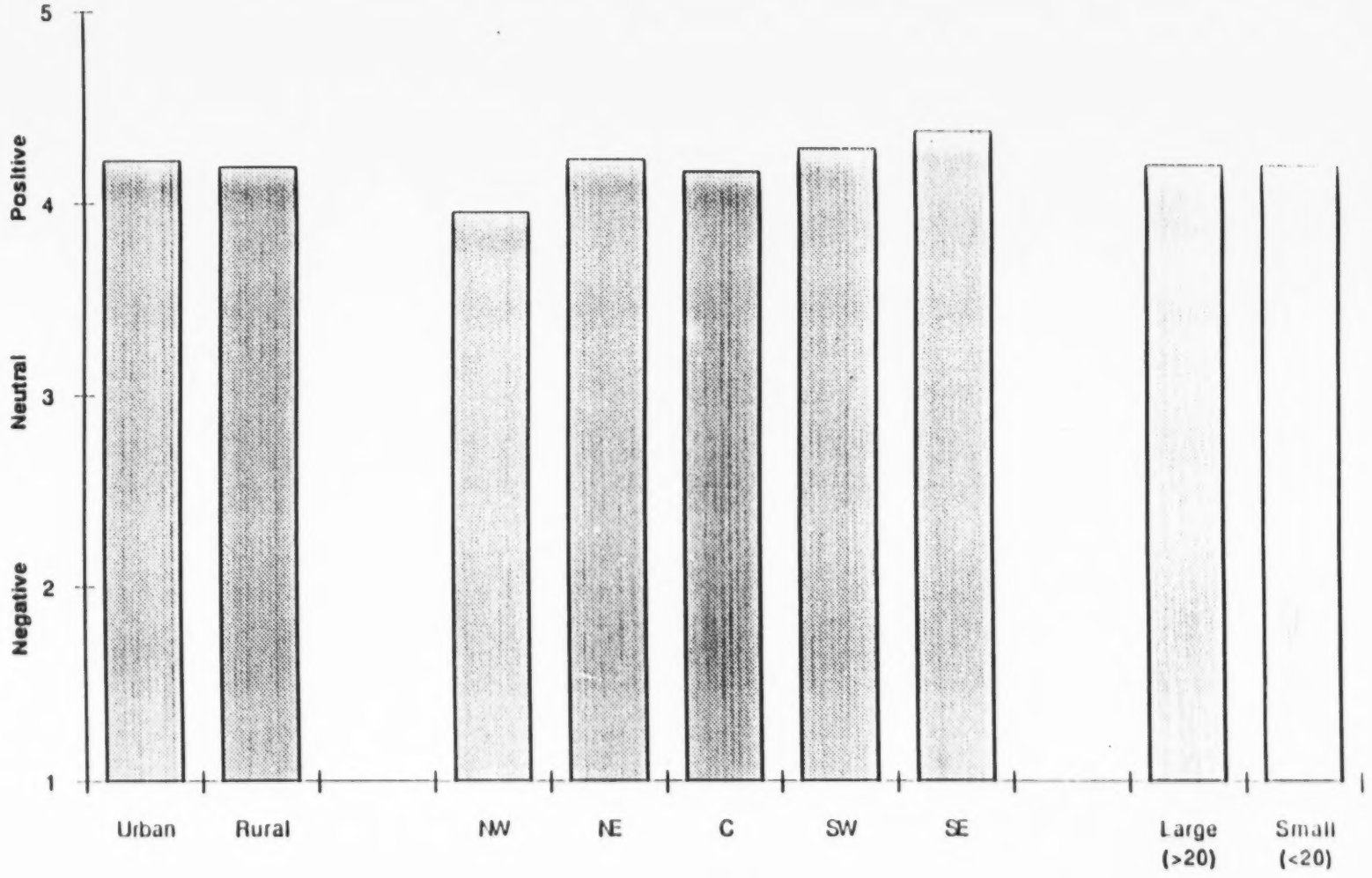
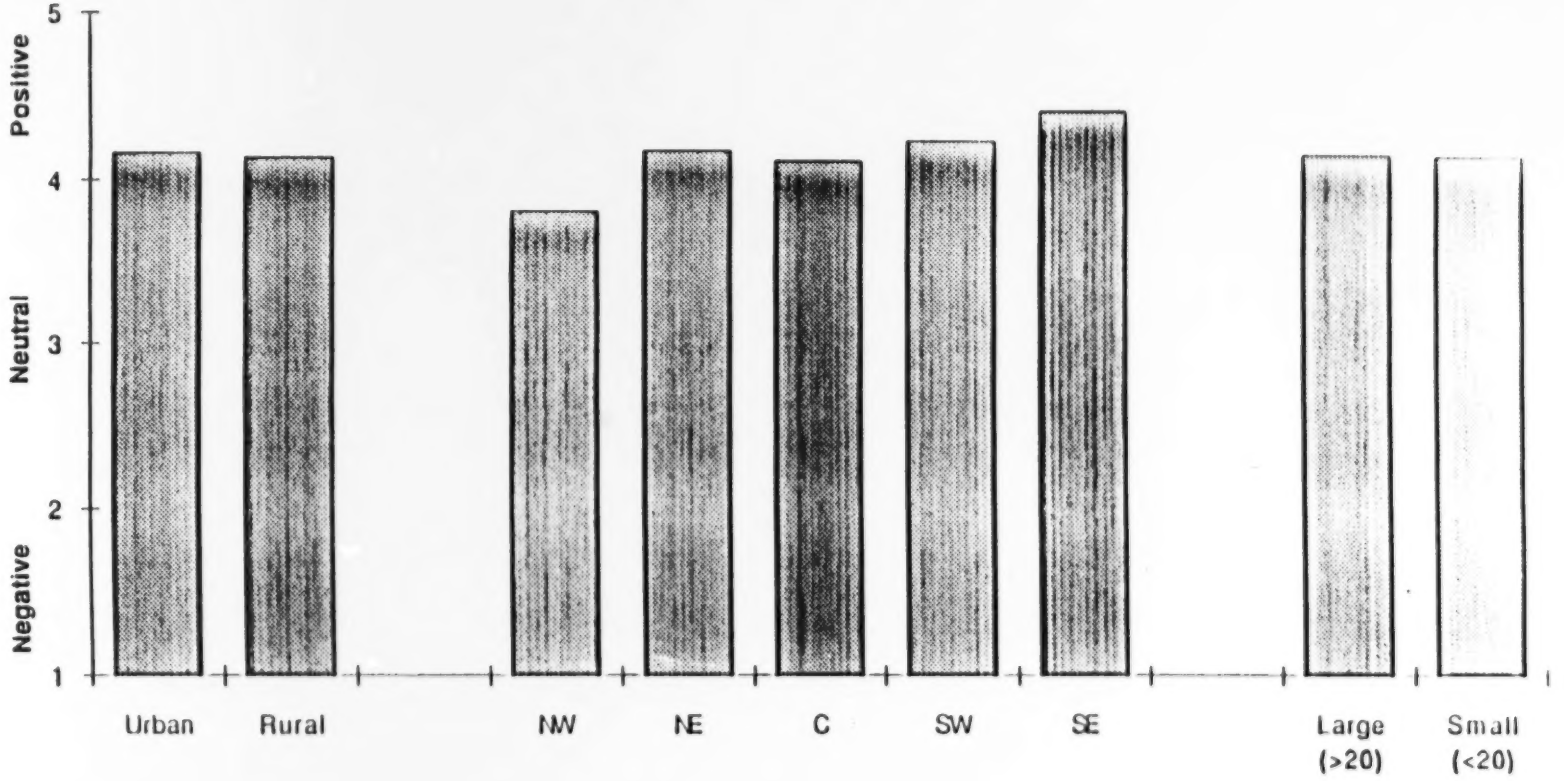


Figure 9. Rating of Knowledge Gained From Training Across Geographic Region, Group Size, Urban/Rural Size.



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VII. FURTHER INFORMATION

Further information on this project can be found in:

Educational Resources Information Center (ERIC)

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